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## CERTIFICATE OF TRANSMISSION

Date of Transmission: 05 January 2007

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Fee Transmittal Form (PTO/SB/17): (1 sheet)  
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Reply Under 37 C.F.R. 1.116 to Final Office Action: (10 sheets)

Application Number 10/666,227  
Confirmation No.: 8462  
Filing Date: 18 September 2003  
Document Submission Date: 05 January 2007

Art Unit: 2178  
Examiner: Termanini, Samir  
Inventor: Poerner, Colleen

Docket: 2002P15657US01 (1009-040)

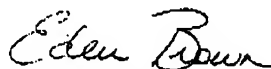
Pages: 13

05 Jan 2007

Date

Eden Brown

Name of Certifier



Signature of Certifier

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PTO/SB/17 (12-04)

Approved for use through 07/31/2008. OMB 0651-0032

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4318). <b>FEE TRANSMITTAL</b> <b>For FY 2005</b>		<b>Complete if Known</b> Application Number <b>10/666,227</b> Filing Date <b>18 September 2003</b> First Named Inventor <b>Poerner, Colleen</b> Examiner Name <b>Termanini, Samir</b> Art Unit <b>2178</b> Attorney Docket No. <b>2002P15657US01 (1009-040)</b>	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT	(\$) <b>250.00</b>		

<b>METHOD OF PAYMENT (check all that apply)</b> <input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <b>50-2504</b> Deposit Account Name: <b>Michael N. Haynes</b> For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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<b>FEE CALCULATION</b> <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	0
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
<b>2. EXCESS CLAIM FEES</b>							
Fee Description							Small Entity Fee (\$) Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent 50 Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent 200 Multiple dependent claims 360
Total Claims <b>39</b> - 20 or HP = <b>5</b> x <b>50</b> = <b>250</b> HP = highest number of total claims paid for, if greater than 20							Fee Paid (\$) <b>250</b>
Indep. Claims <b>3</b> - 3 or HP = <b>0</b> x <b>200</b> = <b>0</b> HP = highest number of independent claims paid for, if greater than 3							Fee Paid (\$) <b>0</b>
<b>3. APPLICATION SIZE FEE</b> If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets <b>100</b> Extra Sheets <b>0</b> Number of each additional 50 or fraction thereof <b>0</b> Fee (\$) <b>250</b> Fee Paid (\$) <b>0</b>							
<b>4. OTHER FEE(S)</b> Non-English Specification \$130 fee (no small entity discount) Other:							

<b>SUBMITTED BY</b> Signature <i>Michael N. Haynes</i> Registration No. <b>40,014</b> Telephone <b>434-972-9988</b> Name (Print/Type) <b>Michael N. Haynes</b> (Attorney/Agent) Date <b>05 Jan 2007</b>	
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This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1460, Alexandria, VA 22313-1460. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1480, Alexandria, VA 22313-1480.

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